MOVING FASTER TO END PREVENTABLE NEWBORN DEATHS AND STILLBIRTHS BY 2030

NEW EVERY NEWBORN COVERAGE TARGETS AND MILESTONES

#EveryNewborn #EndStillbirth
OPENING COMMENTS AND LAUNCH OF THE DOCUMENT

Dr. Tedros Adhanom Ghebreyesus
Director-General, WHO

Henrietta Fore
Executive Director, UNICEF

#EveryNewborn #EndingStillbirths
THE NEW COVERAGE TARGETS: WHY, WHAT AND HOW

WHY: Survival status: 10 years to 2030

WHAT: Coverage of care: 5 years + 4 targets

HOW: Measurement: now and what next

HOW: Milestones: getting there together
WHY
SURVIVAL STATUS: 10 YEARS TO 2030

#EveryNewborn #EndStillbirth
Each year…
2.5 million newborns die in first 28 days, 47% of U5 child deaths
More than 2 million are stillborn, half during labour

99% of these deaths happen in low & middle income countries, especially for the poorest families BUT most are preventable.

Targets for 2030
Every Newborn Action Plan aims to end preventable deaths, setting the first ever national mortality targets:
• ≤ 12 neonatal deaths per 1000 live births
• ≤ 12 stillbirths per 1000 total births

SDG3.2: Neonatal target was included.
Stillbirths not in SDGs, but included in the Global Strategy for Women, Children and Adolescent Health & deserve more attention.
Ending preventable stillbirths

>90 countries report to be implementing action plan

29 countries have set a Stillbirth Reduction Target

- New joint UN Stillbirth Estimates October 2020
- Services for affected families must be in place
- Majority are preventable through quality antenatal care and care at birth

MOVING FASTER TO END PREVENTABLE NEWBORN DEATHS AND STILLBIRTHS BY 2030; NEW EVERY NEWBORN COVERAGE TARGETS AND MILESTONES
3.2 Ending preventable newborn & child deaths
First ever global target for newborn survival in SDGs

TARGET BY 2030:
National NMR of 12 or less

~60 countries will not meet the SDG target
~40 countries need to double current progress

78 high burden countries have set newborn targets.
90 countries report to be implementing action plan
WHERE? Equity gaps

Great disparity in progress, both between and within regions

Plus based on current trends to progress, it will be **next century** before some African newborns have same chance of survival as a newborn in North America, Europe, or Australasia.
WHERE? National progress to reach newborn target by 2030

Every region has fast progressors for newborn survival – scale up of hospital newborn care

Humanitarian contexts: highest rates, slowest progress. Some countries will meet SDG 3.2 over 100 years too late.
Newborns & stillbirths on global and national agendas

10 years to move faster to meet mortality targets
5 years focus on coverage, equity, quality

2000
2005
2015
2020
2030

World Health Assembly Resolution May 2014
>90 high burden countries implementing and tracking progress

SDG target 3.2 Neonatal mortality rate < 12 by 2030
Global Strategy Target Stillbirth rate < 12 by 2030

country consultations

Moving faster to end preventable newborn deaths and stillbirths by 2030; new every newborn coverage targets and milestones
NATIONAL POLICY PROGRESS: CHANGE IS STARTING

Of the 90 countries reporting in 2019...

- 78 report to have an Neonatal mortality reduction Target
- 29 report a Stillbirth reduction target
- 38 report an Emergency preparedness plan includes newborns
- 38 report a Quality improvement process for care around the time of birth.
- 43 report to have a perinatal death review system in place
- 7 report to have 4 recommended indicators for care of small and sick newborns in the national HMIS system
Spotlight on 10 fast progressing, low-income countries

All 10 report to have:
• National newborn focal point in Ministry
• Set target for neonatal mortality reduction
• Continual training for newborn care competencies

Twice as likely to report:
• Target set for stillbirth reduction
• Active parents & advocacy groups
• Research agenda for newborn health and stillbirth prevention

8/10 report:
• Standards and guidelines for quality improvement being implemented
• Specialised nurse training in small and sick newborn care
Need to speed up action: even more important with COVID

**COVID19 impact:** Data published for one country showed increased facility NMR 3x and SBR 1.5x, urgency to protect maternal and newborn services


**Keep focus on 2030 mortality reduction:** Ongoing policy progress, more implementation

**More attention to coverage + quality + equity:** Demand from countries for clear plan covering 2020 to 2025
WHAT?
COVERAGE OF CARE: 5 YEARS + 4 TARGETS

#EveryNewborn #EndStillbirth
WHY now?

- **Urgency**: decade to SDGs, yet many countries are off track for every newborn to survive and thrive, especially at risk due to COVID-19. Some countries may meet SDG3.2 for newborns over 100 yrs too late
  - GAP: Stillbirths are a major issue in almost every country

- **UHC**: babies are our most vulnerable citizens, key to UHC.
  - GAP: Maternity care needs more investment
  - GAP: Care for small and sick newborns a major gap needing focus

- **Opportunity**: >90 countries committed + >100 organisations involved
  Every country can do more in the next 5 years
  Previous coverage targets were for 2015-2020, with demand now for clear targets 2020-2025
HOW where these targets developed?

- **Consultative, aligned with other plans**
  
  Aligned to other plans eg family planning, maternal, ECD, nutrition
  
  Multiple processes including online survey hosted by WHO, responses from >42 countries, >80 organisations

- **Evidence-based and integrated**

  Focus on high impact care, aligned to maternal healthcare, joint process with maternal health communities

- **Data-driven but ambitious**

  Trend analyses by UNICEF for last 5-10 years, targets mostly based on contact point coverage but *quality of care is key*

- **Equity**

  Important shift with specifically adding sub-national level targets
Continuum of integrated care for UHC for women & children

CARE AT BIRTH, TRIPLE RETURN
Highest impact, Highly cost effective
Benefits women, stillbirths, newborns and child development

Source: Lancet Every Newborn series, paper 5
WHAT packages are the “best buys” for lives saved?

Lives saved (LiST) analysis for 2030 compared to baseline 2016, if 90% universal coverage

Potential impact of around 3 million lives saved, around half in Africa
Antenatal care 4 visits

Every pregnant woman

Target 1

National
90% of countries >70% coverage

Sub-national
80% of districts >70% coverage

Note: whilst supporting need to shift to ANC8, trend data are limited regarding ANC8
Every birth
Skilled Birth Attendance

Target 2

90% GLOBAL AV

National
90% of countries >80% coverage

Sub-national
80% of districts >80% coverage

Note: UHC target by 2030 for skilled birth attendance is 95%
Every woman and every newborn

Postnatal Care

Target 3

National
90% of countries >60% coverage

Sub-national
80% of districts >60% coverage

Note: whilst supporting combined PNC for mother and baby, trend data are limited regarding PNC newborn
NEWS! Small and sick newborns

Why more focus?

Transforming care for small and sick newborns (2019)

What to do?

WHO Standards of care for Small and Sick newborns (2020)
Standards of care for small & sick newborns

- Guiding countries in caring for vulnerable newborns in context of Universal Health Coverage

- Defining and standardising inpatient care of small & sick newborns, building on essential newborn care

- Consistent with WHO quality of care framework, quality, equity & dignity initiative
### WHO’s Levels of newborn care with interventions

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong></td>
<td>Immediate and essential newborn care</td>
</tr>
<tr>
<td></td>
<td>Immediate newborn care (delayed cord clamping, drying, skin to skin etc)</td>
</tr>
<tr>
<td></td>
<td>Neonatal resuscitation for those who need it</td>
</tr>
<tr>
<td></td>
<td>Breastfeeding early initiation and support</td>
</tr>
<tr>
<td></td>
<td>Essential newborn care Identification and referral of complications</td>
</tr>
<tr>
<td></td>
<td>Targeted care as needed eg PMTCT of HIV</td>
</tr>
<tr>
<td><strong>Level 2</strong></td>
<td>Special newborn care</td>
</tr>
<tr>
<td></td>
<td>Thermal care including KMC for all stable neonates &lt;2000gms</td>
</tr>
<tr>
<td></td>
<td>Assisted feeding and IV fluids</td>
</tr>
<tr>
<td></td>
<td>Safe administration of oxygen</td>
</tr>
<tr>
<td></td>
<td>Detection and management of neonatal sepsis with injection antibiotics</td>
</tr>
<tr>
<td></td>
<td>Detection and management of neonatal jaundice with phototherapy</td>
</tr>
<tr>
<td></td>
<td>Detection and management of neonatal encephalopathy</td>
</tr>
<tr>
<td></td>
<td>Detection and referral/management of congenital abnormalities</td>
</tr>
<tr>
<td></td>
<td>Management of preterm respiratory distress with CPAP</td>
</tr>
<tr>
<td><strong>Transition</strong></td>
<td>Follow up of at risk newborns</td>
</tr>
<tr>
<td></td>
<td>Exchange transfusion</td>
</tr>
<tr>
<td><strong>Level 3</strong></td>
<td>Intensive newborn care</td>
</tr>
<tr>
<td></td>
<td>Mechanical/assisted ventilation</td>
</tr>
<tr>
<td></td>
<td>Advanced feeding support (eg parenteral nutrition)</td>
</tr>
<tr>
<td></td>
<td>Investigation and treatment for congenital conditions</td>
</tr>
<tr>
<td></td>
<td>Screening and treatment for Retinopathy of Prematurity</td>
</tr>
</tbody>
</table>

Every small and sick newborn
Service readiness (WHO standards)

Important to improve **routine** measurement of coverage, quality & service readiness

National and sub-national
80% of “districts” in every country have at least 1 inpatient newborn care unit (level 2)

80% of countries with an implementation plan
India’s ambitious scale up of newborn care

- 80%+ districts with a Special Newborn Care Unit (SNCU)
- 840 SNCUs in one decade, 1 million newborns treated annually
- Annual govt. investment of nearly USD 87 million
- Online data system >5 million newborns, used locally and nationally
- Follow up ~30%, with ROP screening

Number of Special Newborn Care Units by Year

Courtesy of Dr Gagan Gupta
Coverage of care: 5 years + 4 targets

5 years
2020 - 2025

4 coverage targets
- 90% Antenatal care
- 90% Skilled birth attendance
- 80% Postnatal care
- 80% of districts with small & sick newborn care unit

3 triple return = maternal + every baby + healthy start

2 together, many partners, led by country governments

1 imperative to measure and use data to drive change

MOVING FASTER TO END PREVENTABLE NEWBORN DEATHS AND STILLBIRTHS BY 2030; NEW EVERY NEWBORN COVERAGE TARGETS AND MILESTONES
DR ALLISYN MORAN
UNIT HEAD (ACTING), MATERNAL HEALTH, MATERNAL, NEWBORN, CHILD AND ADOLESCENT
HEALTH AND AGEING DEPARTMENT, WHO

HOW?
MEASUREMENT NOW AND WHAT NEXT

#EveryNewborn #EndStillbirth
## Every Newborn indicators set in 2014

<table>
<thead>
<tr>
<th>Current Status</th>
<th>Core Indicators</th>
<th>Additional indicators</th>
<th>Definitions clear but quantity &amp; consistency of data lacking</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IMPACT</strong></td>
<td>1. Maternal mortality ratio</td>
<td>Intrapartum stillbirth rate</td>
<td>core indicators</td>
</tr>
<tr>
<td></td>
<td>2. Stillbirth rate</td>
<td>Low birth weight rate</td>
<td>Definitions clear but quantity &amp; consistency of data lacking</td>
</tr>
<tr>
<td></td>
<td>3. Neonatal mortality rate</td>
<td>Preterm birth rate</td>
<td>IMPACT: Maternal mortality ratio, Stillbirth rate, Neonatal mortality rate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Small for gestational age</td>
<td>IMPACT: Maternal mortality ratio, Stillbirth rate, Neonatal mortality rate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Neonatal morbidity rates</td>
<td>IMPACT: Maternal mortality ratio, Stillbirth rate, Neonatal mortality rate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Disability after neonatal conditions</td>
<td>IMPACT: Maternal mortality ratio, Stillbirth rate, Neonatal mortality rate</td>
</tr>
<tr>
<td>Contact point definitions clear but data on content of care are lacking</td>
<td>4. Skilled attendant at birth</td>
<td>Antenatal Care</td>
<td>Coverage: Care for all mothers and newborns</td>
</tr>
<tr>
<td></td>
<td>5. Early postnatal care for mothers &amp; babies</td>
<td>Exclusive breastfeeding to 6 months</td>
<td>Coverage: Care for all mothers and newborns</td>
</tr>
<tr>
<td></td>
<td>6. Essential newborn care (tracer, early breastfeeding)</td>
<td></td>
<td>Coverage: Care for all mothers and newborns</td>
</tr>
<tr>
<td>Gaps in definitions, requiring validation and feasibility testing for HMIS use</td>
<td>7. Neonatal resuscitation</td>
<td>Caesarean section rate</td>
<td>Coverage: Complications and extra care</td>
</tr>
<tr>
<td></td>
<td>8. Kangaroo mother care</td>
<td></td>
<td>Coverage: Complications and extra care</td>
</tr>
<tr>
<td></td>
<td>9. Treatment of serious neonatal infections</td>
<td>Chlorhexidine cord cleansing</td>
<td>Coverage: Complications and extra care</td>
</tr>
<tr>
<td></td>
<td>10. Antenatal corticosteroid use</td>
<td></td>
<td>Coverage: Complications and extra care</td>
</tr>
<tr>
<td>INPUT Service readiness for Quality of Care</td>
<td>Emergency Obstetric Care</td>
<td></td>
<td>Coverage: Complications and extra care</td>
</tr>
<tr>
<td></td>
<td>Care of Small and Sick Newborns</td>
<td></td>
<td>Coverage: Complications and extra care</td>
</tr>
<tr>
<td></td>
<td>Quality of care with measurable norms and standards</td>
<td></td>
<td>Coverage: Complications and extra care</td>
</tr>
<tr>
<td>COUNTING</td>
<td>Birth Registration</td>
<td>Death registration, cause of death</td>
<td>Coverage: Complications and extra care</td>
</tr>
</tbody>
</table>

[Shaded] Not currently routinely tracked at global level
Adapted from Every Newborn Action Plan. WHO, 2014. [Bold blue] Indicator requiring additional testing to inform consistent measurement
[www.everynewborn.org](http://www.everynewborn.org) and Mason et al Lancet 2014
**ENAP MILESTONES REGARDING MEASUREMENT**

- Count births and deaths in CVRS and surveys (women, newborns and stillbirths)
- Every newborn core indicators to be defined, incorporated in national metrics platforms and used
- Perinatal mortality audit and minimum dataset being widely used

**INDEPTH STUDY**
- 5 INDEPTH sites (65,000 births) with randomised comparison of survey modules to improve survey methods to capture SBR, NMR, birthweight, GA

**EN-BIRTH STUDY**
- Facility births (20,000) in Bangladesh, Nepal, Tanzania validating indicators for rhesus, KMC, neonatal infection treatment, ACS, uterotonic use

**EN-SMILING STUDY**
- Follow up EN-BIRTH newborns in Bangladesh, Nepal, Tanzania to test simpler child development metrics, assess ECD outcomes after basic neonatal care

**SMALL & SICK NEWBORNS**
- Define content, competencies for care of small and sick newborns, compare data platforms, develop std HFA content, barriers/enablers to data collection

---

**Every Newborn measurement improvement roadmap**

5 year plan with >80 partners led by WHO with LSHTM

**2020**

Effective use of data in national health information systems

**2030**

End Preventable Maternal and Newborn Deaths including Stillbirths

**ENAP**

Measure now and what next

**EN-BIRTH STUDY**

Moving faster to end preventable newborn deaths and stillbirths by 2030; new every newborn coverage targets and milestones
Measurement progress since 2015 and gaps to close by 2025

• Outcome data on LBW and stillbirths have improved household survey approaches and new estimates (LBW - 2019, stillbirths - October 2020)
  
  GAP: National and sub-national data to close equity gaps within countries  
  GAP: Measuring “beyond survival” and child development

• Coverage data on contact points are available, progress on measurement of management of newborn complications (e.g. EN-BIRTH and other studies), ongoing work around developing and testing quality of care measures

  GAP: limited routine data on quality of care and on service readiness

Top priority to strengthen routine health information systems & address data gaps in humanitarian and fragile settings
Routine Health facility data toolkits: A modular approach

Modules used individually or together

Each module contains:

• Facility analysis guide with a core set of indicators and dashboards
• Exercise book
• Machine-readable configuration packages

Facility analysis guides can be adapted for use with different software packages. DHIS2 configuration packages are included.
Jointly by WHO and UNICEF with consultation

Core indicators:
- Sexual and reproductive health
- Maternal health (including newborn and stillbirths)
- Postnatal period
- Childhood and young adolescence
- Facility-based deaths and institutional stillbirths

Guidance will be updated based on new evidence and to inform tracking of targets
Integrated maternal and newborn health measurement

Ending Preventable Maternal Mortality (EPMM) coverage targets using ENAP as a model

• ANC, SBA, and PNC coverage targets will be the same for ENAP and EPMM
• EPMM will develop separate targets for service readiness for obstetric care and for social, economic and political determinants
• EPMM coverage target online consultation in process

Resources available now

Joint process on data guidance and supporting countries, aligned to MoNITOR and STAGE

• MNCAH Data Portal
• MoNITOR Toolkit (under development)
• ENAP Progress tracking & report
Using coverage targets and data to drive change - even more important with COVID

• **Outcome data:** Keep moving towards 2030 mortality reduction at national and subnational levels, timely and reliable data including stillbirths and morbidity and disability so every newborn can survive and thrive

• Coverage target data that is timely, reliable, at subnational levels, important focus on measuring quality, including standardised tools in registers and routine systems

• Improved data on service readiness from routine systems

• Update the Measurement Improvement Roadmap, make ambitious plans to work together to improve and use data as reflected in the Milestones to 2025
HOW?

MILESTONES: GETTING THERE TOGETHER

#EveryNewborn #EndStillbirth
To get to 2030, we need to move faster in 2020 to 2025

2030
Ending preventable deaths for women, stillbirths, newborns and children. Improving child development and human capital

2015 - 2030
EVERY WOMAN
EVERY NEWBORN
EVERY CHILD

REPRODUCTIVE HEALTH CARE
PREGNANCY CARE
CARE AROUND BIRTH
CARE OF SMALL OR SICK NEWBORN
POSTNATAL CARE
adolescent health care

UNIVERSAL COVERAGE
QUALITY OF CARE WITH INNOVATION

Moving faster to end preventable newborn deaths and stillbirths by 2030; New every newborn coverage targets and milestones
Critical Milestones we must deliver by 2025 to go faster

- Milestone 1: Policy and plans
- Milestone 2: Response and resilience
- Milestone 3: Investments
- Milestone 4: Quality of care
- Milestone 5: Health Workforce
- Milestone 6: Medical commodities and technologies
- Milestone 7: Data for action
- Milestone 8: Research and Innovation
- Milestone 9: Accountability

MOVING FASTER TO END PREVENTABLE NEWBORN DEATHS AND STILLBIRTHS BY 2030; NEW EVERY NEWBORN COVERAGE TARGETS AND MILESTONES
We all have a role to play – Who?

**Country governments**
Targets and plans, with investments
Routine data improved and used
Resilience, including with COVID19 pandemic

**Professionals and academics**
Midwives, neonatal nurses, paediatricians, obstetricians, engineers and more - all needed!

**Parents**
Your voices and inputs are key at all levels!

**Partners**
All partners including private sector and funders, what can we do together?

**Media, religious leaders, celebrities**
Learning from other success stories
Panel National leadership

Partnership and commitments
Panel National leadership

Partnership and commitments

AGENDA

Talks on the new Coverage Targets: why, what and how?

NOW - Your questions!
NATIONAL LEADERSHIP PANEL DISCUSSION

DR MARTINA BAYE
COORDINATOR OF THE MULTISECTORIAL PROGRAM TO COMBAT MATERIAL, NEWBORN AND CHILD MORTALITY, MINISTRY OF HEALTH, CAMEROON

DR CHARLES MWANSAMBO
SECRETARY OF HEALTH, MINISTRY OF HEALTH, MALAWI

DR ISABELLA SAGOYE-MOSÉS
DEPUTY DIRECTOR OF THE FAMILY HEALTH DIVISION, GHANA HEALTH SERVICE

PROF. MOHAMMAD SHAHIDULLAH
CHAIRMAN, NATIONAL TECHNICAL WORKING COMMITTEE ON NEWBORN HEALTH, MINISTRY OF HEALTH AND FAMILY WELFARE, BANGLADESH
AGENDA

Talks on the new Coverage Targets: why, what and how?

NOW Your questions!

Panel National leadership

Partnership and commitments
Every Newborn Management Team

Thank you for joining us.

See more: www.healthynewbornnetwork.org
MORE RESOURCES

Join survey to fill knowledge gap on newborn care during COVID: https://rb.gy/iknwyq

UNICEF data: https://data.unicef.org/

WHO: https://www.who.int/activities/identifying-common-areas-of-progress-with-the-every-newborn-action-plan?


Healthy Newborn Network website: www.healthynewbornnetwork.org/issue/every-newborn/

EPMM coverage target online consultation in progress: https://docs.google.com/forms/d/e/1FAIpQLSdQOmq_M0SMASlQSw9DafiGUEfz21wM21A_gzsajWQqD_C_vQ/viewform

MoNITOR Toolkit: https://www.who.int/data/maternal-newborn-child-adolescent/monitor